

FORM NLRB-502 (RD)
(8-16)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITIONCase No.
07-RD-323100Date Filed
8-1-2023

INSTRUCTIONS: Unless e-filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

- 1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** • A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Trinity Health Grand Haven	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1309 Sheldon Rd, Grand Haven, MI 49417		
3a. Employer Representative - Name and Title Shelleye Yaklin	3b. Address (if same as 2b - state name) same		
3c. Tel. No. 616-842-3600	3d. Fax No.	3e. Cell No.	3f. E-Mail Address syaklin@noch.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service Healthcare	
5a. Description of Unit Involved Included: All employees assumed to be represented by SEIU Healthcare Michigan Excluded: Managers, salaried employees and nursing staff			5b. City and State where unit is located: Grand Haven, MI
6. No. of Employees in Unit 181	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent SEIU Healthcare Michigan		8b. Affiliation, if any	
8c. Address 3031 W Grand Blvd Ste 555, Detroit, MI, 48202		8d. Tel. No. 866-734-8466	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address emily.ricards@seiuhealthcaremi.org
9. Date of Recognition or Certification unknown	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) no current contract with SEIU, recent contract expired with NOCHEA		
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11b. If so, approximately how many employees are participating?			
11c. The Employer has been picketed by or on behalf of (Insert Name) SEIU Healthcare Michigan a labor organization, of (Insert Address) 1309 Sheldon Rd, Grand Haven, MI 49417 since (Month, Day, Year) 4/2023			
12. Organizations or individuals other those named in Items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5 above. (If none, so state)			
12a. Name NOCHEA	12b. Address 1309 Sheldon Rd, Grand Haven, MI 49417	12c. Tel. No. 616-847-5272	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address llafrance@noch.org
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) Aug 17 and 18	13c. Election Time(s) 1st, 2nd and 3rd shift opportunities	13d. Election Location(s) 1309 Sheldon Rd, Grand Haven, MI 49417	
14. Full Name of Petitioner Jaime Lynn Quinn			
14a. Address (Street and number, city, state, ZIP code) 11911 Monroe St, Grand Haven, MI 49417		14b. Tel. No.	14c. Fax No.
		14d. Cell No. 616-638-3495	14e. E-Mail Address jaime.lynn.quinn@gmail.com
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name Jaime Quinn	15b. Title Pre Admission Review Specialist		
15c. Address (Street and number, city, state, ZIP code) 11911 Monroe St, Grand Haven, MI 49417		15d. Tel. No.	15e. Fax No.
		15f. Cell No. 616-638-3495	15g. E-Mail Address jaime.lynn.quinn@gmail.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Jaime Quinn	Signature 	Title Pre Admission Review Specialist	Date Filed 7/31/23

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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